

## CHAPTER 12

### False Victimization Syndromes in Stalking

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The phenomenon of false victimization has been noted since biblical times. The case of Potiphar is described in the Book of Genesis, Chapter 39. Potiphar, a captain of the Pharaoh's guard, had employed Joseph to take care of his household. Joseph was an attractive man, and Potiphar's wife tried to seduce him day after day, to no avail. Upset over his refusal to have sex with her, she cried rape. She told her husband that when she screamed for help, Joseph ran off leaving his cloak behind. Her husband was furious and placed Joseph in the King's prison where he spent 2 years before the Pharaoh eventually released him, based on Joseph's ability to interpret dreams (Macdonald, 1995). Such allegations of the false single crime have been noted throughout the centuries in a variety of cultures. More recently, false allegations in the crime of stalking have been recorded (Zona, Lane, & Moore, 1996; Zona & Palarea, 1997; Truscott & Evans, 1997).

There are currently no professional references or publications dedicated to the issue of false allegations of stalking, referred to by some stalking researchers as false victimization syndrome (Zona et al., 1996). Two references where the phenomenon is identified mention it in passing, while addressing the typology of stalkers encountered in a municipal law enforcement population (Zona et al., 1996; Zona & Palarea, 1997). These references do not offer any description, explanation, or interventions for these types of cases, which occur at an estimated 2% of all reported stalking cases. Studies from this Los Angeles Police Department database show that false cases occur at a base rate of 1 in 50 cases: In the 1993 study this amounted to 2 false cases out of a total of 102 cases, while in the 1997 report this amounted to 6 false cases out of a total of 341 cases (R. Palarea, personal

communication, November 1997). In these studies, cases were categorized as false cases if the “victim” confessed or the investigators determined that the case was not credible (M. Zona, personal communication, November 1997). Even the term *syndrome* might be considered misleading, since it implies a single homogeneous and distinct presentation. In this chapter, we offer a typology of related “false victimization syndromes” that vary according to the victim’s account of the source of the victimization and whether a perpetrator is identified.

Our professional career history has involved assisting victims of violent crime and assisting in the development of intervention strategies to prevent perpetrators of violent crime from acquiring additional victims. Our collective experience base involving literally hundreds of cases has produced a very significant empathy for those individuals who, through no fault of their own, become the object of terror and violence by another.

Over this experience base, on rare occasions, a case would emerge in which the initial self-identified victim subsequently acknowledged that the crime had never occurred or was convicted in a court of law of making a false allegation. As the “false” victims discussed the reasons for having presented themselves to law enforcement as actual victims, themes of need for attention and/or need for a meaningful identity in life emerged, among others. At first, we found this phenomenon to be both puzzling and thought provoking, but the observations were always overshadowed by the need to return to the service of the large number of actual crime victims. However, over time, we have determined that this phenomenon, however limited, does exist and warrants thoughtful attention.

Although relatively rare, these false cases do impact the criminal justice system in five ways: First, the time and energy devoted to investigating false claims takes away valuable, and increasingly scarce, resources from genuine crimes and victims. Second, unsolved and frequently high-profile cases involving these kinds of serious allegations can result in negative publicity and political problems for the investigating agencies, as well as any other organizations involved in the false claim. Third, innocent people can be wrongly accused, and in extreme situations this can result in wrongful imprisonment. For example, Gary Dotson received a 25- to 50-year sentence for a rape he did not commit and served 6 years in an Illinois prison, before having his sentence commuted in 1985. The alleged victim, Kathleen Webb, stated that the suspect had torn her clothing and scratched her with broken glass, including a scratch in her vaginal area. Based on her description of the assailant, an artist created a sketch that led to Gary Dotson’s arrest. Based on Ms. Webb’s testimony he was subsequently convicted. Later, Ms. Webb became a Christian and confessed to making the whole thing up because she believed she was pregnant by her boyfriend. She further stated that she had scratched herself with broken glass. DNA testing showed that the semen in her underwear matched her boyfriend’s. The case judge did not respond to her retraction, but the Illinois

governor commuted the sentence to 6 years already served (J. Macdonald, personal communication, October 1997).

Another case involved consequences for the wrongful accuser. A Nebraska woman, Elizabeth Richardson, was sentenced to a 6-month jail sentence for lying under oath that a man had raped her. The alleged perpetrator, who was married, was arrested, jailed, and lost his job, and his children were taunted in school. She later admitted to making the story up to get her husband's attention (J. Macdonald, personal communication, October 1997).

Fourth, civil litigation at the initiation of the victim and/or the wrongfully accused can be costly. And fifth, desperate and troubled individuals who may benefit from mental health assistance go untreated or enter the health care system and are treated as "legitimate" victims. These kinds of cases have serious and important consequences.

The purposes of this chapter are to: (1) overview the available references to false victims in the scholarly literature; (2) offer a model with three hypothesized false victim types; (3) present three illustrative case examples of stalking-related false victimization syndrome (with appropriate protection of the identities of the individuals involved); (4) analyze the case examples by the authors' model; and (5) promote discussion and further study of the false victim phenomenon.

## REVIEW OF THE LITERATURE

We offer a cautionary note in regard to any discussion of false allegations. The exploration of this issue should not in any way undermine the important advances made by modern law enforcement in responding to crime victims. Specifically, in the investigation of certain types of crime where women are the primary victims and men the primary offenders, such as rape, there have been problems overcoming a bias that such a crime may have, in some way, been victim precipitated. All victim reports warrant careful, complete, and timely investigation characterized by professionalism and respect that will prevent any secondary victimization by the investigating process. The ensuing review is designed to open a dialogue about these exceptional cases. It would be a misuse to employ this review to question the legitimacy of the overwhelming majority of stalking reports.

In this review, we offer a conceptual model for categorizing false allegations (see Table 1). The model suggests that there is not one false victimization syndrome (FVS), but rather several syndromes that vary by characteristics, secondary gains, and interventions. Further, as one moves from Type 1 through Type 3, the model indicates a progression in complexity of motives and sophistication of methods on the part of the false victim. There are three types of false victimization syndrome. Type 1, in which the victim reports physical symptoms without a known physical cause, includes three subtypes: Type 1a, hysterical paralysis; Type 1b, Munchausen

**Table 1**  
**False Victimization Syndrome Typology**

FVS type	Characteristics	Secondary gains	Interventions
1. a. Hysterical paralysis	1. Paralysis of limbs. 2. Inconsistent with known physical cause. 3. Victim of some internal phenomena. 4. Incidence declines as society becomes technologically more advanced. 5. Less sophisticated.	1. Relatively quick relief from emotional stress or successful restriction from having to participate in a future event. 2. Anxiety about past or future event is "bound up" in the paralyzed limb. 3. Very limited medical resources devoted to diagnoses and treatment. 4. Very limited personal and family resources devoted to care and rehabilitation.	1. If hysterically paralyzed limb, then paralyze some other extremity through the use of hypnosis.
b. Munchausen	1. Various medical complaints.	1. Successful at attention from health care providers and from family members.	1. Requires substantial medical resources devoted to diagnoses and treatment.
c. Munchausen by proxy	2. Various medical complaints for a dependent. 3. Complaints consistent with known physical cause. 4. Victim of some internal phenomena. 5. Prevalence may coincide with increase in medical sophistication of society.	2. Attention over time begins to wane forcing individual to present over time as a "true medical mystery" and placing an even higher requirement on continued symptom credibility. 3. Demands an increasingly higher knowledge of medical conditions by the individual. 4. Extensive personal and family resources devoted to daily care.	2. Eventual frustration by treating physicians leads to suspicion, which is characteristically confirmed when true extent of prior treatment and surgical procedures becomes known.
2. Known perpetrator	1. Almost always some prior relationship.	1. Limited medical attention, diagnoses, and treatment.	1. Extensive allocation of law enforcement investigative resources does not lead to case resolution.
a. Single event	2. Victim of an identifiable other.	2. Limited family and personal resources devoted to physical care and rehabilitation.	
b. Multiple event (stalking)	3. Series of incidents over time in which victim has been alone and accessible to a perpetrator without a third party to witness.	3. Substantial use of law enforcement resources for investigation.	2. Consideration of potential false reports results in highly emotional response from reporting victim and family.

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| 3. Unknown perpetrator<br>a. Single event<br>b. Multiple event (stalking) | 4. Critical event(s) is/are characterized by initial noncriminal contact that progresses rapidly to contact of a criminal nature.<br>5. Victim acquires ideas for reported criminal events from popular culture or from someone known to the individual who has reported these types of events.<br>6. Rape kits, injuries, letters/cards, threatening/harassing telephone calls, being followed or chased.<br>1. Victim of an unknown suspect.<br>2. Suspect almost always indeterminable.<br>3. Series of incidents over time in which victim has been alone and accessible to a perpetrator without a third party to witness.<br>4. Critical event(s) is/are characterized by initial noncriminal contact that progresses rapidly to contact of a criminal nature.<br>5. Victim acquires ideas for reported criminal events from popular culture or from someone known to the individual who has reported these types of events.<br>6. Rape kits, injuries, letters/cards, threatening/harassing telephone calls, being followed or chased. | 4. Substantial use of victim witness program and psychological services for emotional distress and victim-focused psychological treatment.<br>5. Need by law enforcement, family, therapist, and others for crime incident and post-crime incident details.<br>6. Enhanced media coverage if victim is openly distressed and articulate.<br>1. Limited medical attention, diagnoses, and treatment.<br>2. Limited family and personal resources devoted to physical care and rehabilitation.<br>3. Substantial use of law enforcement resources for investigation.<br>4. Substantial use of victim witness program and psychological services for emotional distress and victim-focused psychological treatment.<br>5. Need by law enforcement, family, therapist, and others for crime incident and post-crime incident details.<br>6. Enhanced media coverage if victim is openly distressed and articulate. | 3. Preponderance of evidence leads to confrontational law enforcement interview resulting in confession and recanting prior reports.<br>1. Extensive allocation of law enforcement investigative resources does not lead to case resolution.<br>2. Consideration of potential false report results in highly emotional response from reporting victim and family.<br>3. Preponderance of evidence leads to confrontational law enforcement interview resulting in confession and recanting prior reports. |
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syndrome; and Type 1c, Munchausen syndrome by proxy. Type 2, in which the victim reports a crime or a series of crimes for which there is a known perpetrator, includes two subtypes: Type 2a, when there is a single crime event such as a rape or assault; and Type 2b, when there are multiple crime events over time, such as stalking. Type 3, in which the victim reports a crime or series of crimes for which the perpetrator is unknown, includes two subtypes: Type 3a when there is a single crime event such as rape or assault; and Type 3b, when there are multiple crime events over time, such as stalking.

## **FVS PHYSICAL SYMPTOMS WITHOUT A KNOWN PHYSICAL CAUSE**

### **Type 1a: Hysterical Paralysis**

Early historical references to false victim cases involved physicians such as the French neurologist Jean-Martin Charcot whose patients reported symptoms such as limb paralysis that had no known cause (Ellenberger, 1970). Charcot became suspicious as the nature of the paralysis did not correspond with 19<sup>th</sup> century knowledge of anatomy. Charcot experimented with the use of hypnosis with these patients and was able to dramatically eliminate the symptoms. The theory was that the patient wished relief from emotional stress or release from having to participate in a future event. With the focus of all attention being on the paralyzed limb, the patient had achieved a socially acceptable exclusion from having to meet certain expectations of himself and others. While there was a cost to this adaptation (loss of limb use), the net gain was acceptable to the patient. Freud was sufficiently impressed with the work of Charcot that it had a substantial impact on the development of psychoanalytic theory; for example, unexpressed emotional conflicts could emerge as physical symptoms. Other physicians in a variety of cultures around the world have also seen this phenomenon of hysterical paralysis. Although still not completely understood, it has been noted that the incidence of hysterical paralysis declines as a culture or society becomes more technologically advanced, leading to a rapid diagnosis, a high success rate of symptom removal by hypnosis, and a concurrent loss of effective victim status.

### **Type 1b: Munchausen Syndrome**

As early as 1863, reports began to appear in the medical literature concerning patients who traveled from one physician to another and from one hospital to another reporting various illness symptoms (Gavin, 1863; Jones, 1995). Richard Asher coined the term Munchausen syndrome to describe these patients, after the famous Baron von Munchausen, a traveler of the world who told many dramatic

and untruthful stories (Asher, 1951; Raspe, 1944; Jones, 1995). In contrast to hysterical paralysis symptoms, these patients reported symptom patterns that were initially quite credible and consistent with known physical causes (Goodman, 1994; Levin & Sheridan, 1995). However, the symptoms would be unresponsive to conservative treatment, resulting in complex and invasive diagnostic procedures and treatment courses. Early cases were brought to light only after the patients had successfully convinced a series of surgeons to operate on them. Over the years, investigators have noted that Munchausen syndrome is more often seen in women than men, requires a certain level of medical knowledge, is often accompanied by having previously observed genuine illnesses in a family member or close friend, and represents a socially acceptable adoption of the "sick" role as a means of avoiding conflict and/or responsibility (Levin & Sheridan, 1995; Goodman, 1994).

Levin and Sheridan (1995) reported that individuals suffering from this disorder may function relatively normally until confronted by particular triggers that are threatening to their unique psychological niche. Goodman (1994) saw it as a patient's attempt to overcome the stresses of life and an attempt to master a profound sense of powerlessness and lack of control. Loss, in particular, is hypothesized to be the most powerful trigger. Levin and Sheridan (1995) specified that the feigning of illness as a way of coping is a result of a mental disorder or personality style that interacts with the individual's experiences during her formative years, including cultural, societal, and family influences as they affect the perception of physicians and medical services.

In 1997 some individuals are even getting paid to report false symptoms to medical professionals in a variant of the "mystery shopper" technique used by retail stores (Benac, 1997). A series of hospitals have employed patients who get themselves admitted to the hospital via a report of false symptoms in order to assess the appropriateness of medical referral and service delivery. Devon-Hill Associates in La Jolla, California, charges \$12,000 to \$15,000 for what is usually a 3-day hospital stay that can carry a mystery patient to the brink of surgery.

### **Type 1c: Munchausen Syndrome by Proxy**

Recognition of false victimization in which another family member (frequently a primary caretaker such as mother or childcare worker) stimulates or fabricates an illness pattern is relatively new (Meadow, 1977; Schreier, 1996). As with Munchausen syndrome, this new set of false victims came to public attention after extensive medical procedures were applied, often to very young children. These children were later shown to have had their symptom patterns stimulated or fabricated by a primary caregiver, and some actually died as a result of the actions of their adult caregiver. Schreier (1996) reviewed a series of cases in which the mother's desire appeared to be to maintain a relationship with individuals in positions of authority: physicians in cases of child physical illness and law enforce-

ment officers/child protection workers in cases of child sexual abuse allegations. As with Munchausen syndrome itself, the involved primary caregiver needs to have a reasonable degree of medical sophistication in order to make the "medical mystery ailments" of the child plausible. Extensive personal and family resources can become vital to the daily care and ongoing search for proper diagnosis. The fabricating primary caretaker's behavior is often the initial clue to the real explanation, marked by repeated child symptom reports without the expected physical or laboratory findings, immediately changing portions of the account when questioned about the veracity of prior statements, or actually performing acts in the child's hospital room to further the child's illness. Anecdotally, it has been noted that fabricator behavior includes a pattern of exaggeration about prior events in their lives, past abnormal illness symptoms for the fabricator, suicide attempts, or other episodes of tragic loss apparently designed to elicit sympathy and extra attention from the listener (Schreier, 1996; Levin & Sheridan, 1995).

### FALSE CRIME REPORTS—GENERAL DISCUSSION

False victim reports of a crime might be related to early prior studies of pathological lying. As early as 1921, Deutsch attempted to understand the phenomenon of pathological lying in her exploration of "*pseudologia phantastica*," the active creation or elaborate fabrication of an untruth that is grounded in contact with reality (as reported by Deutsch and Roazen [1982]). She astutely observed that patients who exhibit this behavior do so in order to control their anxiety, avoid past unresolved conflicts, attain revenge for imagined or real deceits or conflicts from childhood, create enjoyment over deceiving others, or create an imaginary world that is more exciting than their mundane experience. She described one particular case where the patient reported that she was being aggressively pursued by an interested suitor, who brought her flowers, sent romantic letters, and arranged amazing rendezvous in forbidden places, all of which were memorialized by this patient in a detailed diary over 3 years. The falsehoods were later revealed through the course of her analytically based psychotherapy (Deutsch & Roazen, 1982). According to Snyder (1986), characteristics of *pseudologia phantastica* are seen most frequently in subjects who suffer from borderline personality disorder and include lying in order to enhance their self-esteem, a strong fantasy life that quickly dissipates in the face of contradictory evidence, and a compulsion to project blame and their own deficits and misdeeds onto others.

Those who suffer from borderline personality disorder diagnoses may also engage in self-mutilative behavior as defined by Walsh and Rosen (1988). They define Category III self-mutilative behavior when the individual's injuries are mild to moderate, such as wrist or body cutting, and indicate that the individual's psychological state prior to the episode is one of psychic crisis. While dramatic in



appearance, these mutilative behaviors often require an explanation to significant others, and fabrication of stories to cover up this type of behavior is common.

While there is little scholarly research on the subject of false rape allegations, as representative of a single or multiple reported event with or without a known perpetrator, the literature that does exist offers some interesting observations. It appears that there are three primary reasons or motives why complainants, usually women, make false rape allegations. One reason is to provide an alibi for regretted sexual activity or unplanned pregnancy; another is to inflict revenge against an uninterested suitor or a man who unilaterally terminates what the woman believes was a desirable relationship, in other words to punish the rejecter; and, another is for attention seeking or to obtain sympathy (Kanin, 1994). In Kanin's study (1994), 56% of the cases are of the alibi type, 27% of the revenge type, and 18% of the attention-seeking type.

According to Macdonald (1995), the existence of a double standard within society—female virginity is lauded, while adolescent male virginity is denigrated—may contribute to behaviors designed to protect one's own sense of morality or culpability by projecting blame onto others. These often occur to cover up regretted sexual activity or an unplanned pregnancy. Consequences of the alibi and revenge types of false rape allegations are usually more serious since there is a named perpetrator, while the attention-seeking type may be least detrimental since there is rarely an alleged perpetrator named (Kanin, 1994). The attention-seeking type of false allegation is said to be motivated by the enormous efforts our society has made to protect women who are raped by providing shelter, medical, and psychological assistance, and to portray some of those who openly acclaim their traumatizing experience, often on talk show venues, as modern day martyrs (Kanin, 1994). Some women may also feel comfortable making a false claim without fear of being detected, considering televised reports of low crime clearance rates (Schrink & LeBeau, 1984).

From the law enforcement perspective, retired Special Agent Roy Hazelwood (Hazelwood & Burgess, 1987; Hazelwood, 1983) of the Behavioral Science Unit of the FBI is a nationally recognized investigator of sex crimes and of false allegations of sex crimes. Hazelwood's long criminal case experience base suggests that there are different motives for cases when there is an identified or known perpetrator (Type 2) then when there is an unidentified or unknown perpetrator (Type 3). The former are motivated by revenge, excuses, and alibi while the latter involve more self-induced violence and varying motives (R. Hazelwood, personal communication, October 1997).

We note that stalking-related false victimization syndromes may represent less of a threat to the esteem of the victim when reported, and thus represent a more attractive option to the individual who is motivated to make a false report than an allegation of a sex crime. McDowell and Hibler (1987) noted that the kinds of sex acts described by false rape complainants tend to be fairly restricted

to more conventional forms of sexual behavior (for example, allegations of penile penetration and fondling), which is in contrast to many actual rape cases that often include oral and anal sex, acts that the false claimant may find personally humiliating and unnecessarily demeaning to accomplish whatever the various goals of the false report; therefore, these types of events are not likely to be included in descriptions of the crime. Stalking as a behavior, then, is even less threatening to the esteem of the claimant and thus represents an attractive option. Invasive and intrusive forensic procedures, such as rape kits, are also avoided.

The motives in Types 2 and 3 are instrumental. The individuals are seeking secondary gains such as attention and sympathy, particularly with someone in a position of power; attempting revenge and retaliation, particularly in response to perceived rejection; trying to prevent abandonment and initiate reconciliation with a withdrawing or unavailable intimate; avoiding responsibility, covering up or providing an alibi or smokescreen for some other behavior such as self-mutilation; or seeking to maintain a dependent relationship with someone in a position of power. We believe that this particular differentiation is useful in stalking in that there are different descriptors, degrees of sophistication, case dynamics, and interventions among the broad categories. We believe that these designations account for those false victimization syndromes most frequently encountered in a criminal justice population.

Type 3 cases are similar in characteristics to Type 2 cases. Among experienced investigators and police psychologists, it has been hypothesized that false victims reporting a Type 3 case are more sophisticated in that unnamed, undescribed perpetrators are inherently more difficult to find. This increases the potential for the accuser to maintain an enduring status as a victim of unknown terror, and continued attention from law enforcement. A disadvantage of Type 3 reports is that the accuser must continue to either provide new information about a Type 3a single crime event, or must report a new crime to add to the list of events that already compose a Type 3b multiple crime event. Such elaboration about a single crime, or reports of new crimes, become increasingly difficult for the false victim to prepare and execute without being discovered.

### **Type 2a: FVS Single Crime Event with Known Perpetrator**

As previously referenced, false victimization extends back to biblical times. Through history, such cases have most frequently involved a prior relationship between the accuser and the accused in which the two have or could have been alone without a third-party witness. Initially the contact between the accuser and the accused is noncriminal in nature, but progresses rapidly into contact of a criminal nature. Accusers appear to acquire the ideas for these reported criminal events from movies or books and/or someone known to the accuser who has

reported being a crime victim recently. Attention is provided by boyfriends, girlfriends, and law enforcement.

However, the actual amount of money or time in help from others that is extended to the accuser is far less than the support system resources in Type 1 cases. The accuser may also display high usage rates of victim/witness programs and psychological counseling, with low usage rates of women's shelter or crime victims' group counseling. This may be due to the relatively unconditional acceptance of the accuser's account of events in her life to a victim/witness and/or psychotherapist, as contrasted to the characteristically more confrontational style of peer groups. In such cases, law enforcement may devote extensive resources to the investigation without any progress whatsoever. Eventually, this leads to a law enforcement consideration of the possibility of a false report. Subsequent interviews focused on the inconsistencies in the accuser's story result in recantation accompanied by an offered explanation that is often attention-seeking based.

The earliest documented contemporary case of this nature was a false allegation of rape in Scottsboro, Alabama, in 1931. Eight young black men in their midteens to early twenties were accused of raping two white women, Victoria Price and Ruby Bates, on a freight train. All of the individuals involved were hobos, and there were three criminal trials. Upon arrest, these young men were nearly lynched. In the original trial the young men were sentenced to death, and it would be 19 years before the last man was freed. Finally, it was determined that neither woman had been raped, and Ruby Bates eventually repudiated the entire story. What had happened, in fact, was that these young black males had thrown some white males off the train. When these white males, and young women accompanying them who were dressed as boys, were picked up by the police for riding the train illicitly, they attempted to deflect the attention off of themselves; and these young women had had sex and did not want anybody to know it. Defense attorney Samuel Liebowitz defended the accused in the midst of major racial tensions within the community, including conflicts between the Communist Party on one side and the NAACP on the other (M. Olshaker, personal communication, October, 1997).

A more recent famous false allegation case occurred in 1989 in Dutchess County, New York, and involved Tawana Brawley, a 15-year-old black female. She alleged that six Caucasian males, including a man with a badge, had abducted her for 4 days, did not feed her or allow her to drink liquids, raped her vaginally, anally, and orally, defecated and urinated upon her, and then scrawled racial epithets on her body with a soot-like substance. A neighbor found her hopping around a townhouse her family used to own with a green garbage bag over her head. This neighbor called for assistance and the supposedly comatose victim was rushed to the hospital. When interviewed afterward about what had happened, Brawley wrote the words "White cop" on a sheet of paper.

Public reaction to the case was extensive. New York Governor Mario Cuomo named a special investigator to the case and a task force was established by the Attorney General of New York, composed of experts from the New York Bureau of Criminal Investigation, the Federal Bureau of Investigation, attorneys from the Attorney General's office, and other experts. Bill Cosby and the publisher of *Essence* magazine offered a \$25,000 reward. Mike Tyson told Brawley he would provide her with a \$50,000 scholarship, and then took the Rolex watch from his wrist and gave it to her. After a seven month investigation, a grand jury determined that Brawley had faked her story, possibly to avoid punishment for staying out late. The grand jury cited that Brawley was not malnourished, not suffering from exposure, hospital tests for rape were negative, and she was seen stepping into the plastic bag in which she was found. She chose to name police officers as her perpetrators because of her family's expressed dislike of law enforcement. (R. Hazelwood, personal communication, October, 1997). Brawley, who attended Howard University, has reportedly changed her name and is now living in the Washington, D.C. area.

During the aftermath of the case, Brawley's advisors, Reverend Al Sharpton and lawyers Vernon Mason and Alton Maddox, Jr., stated in press conferences and on television that one of her assailants was Steven Pagones, a young Caucasian Dutchess County assistant district attorney. Sharpton stated: ". . . Steven Pagones, the assistant district attorney, did it. If we're lying, sue us . . . dare them to sue us."

Now a decade after 15-year-old former high school cheerleader Tawana Brawley was found in a garbage bag in Dutchess County, New York, Pagones did just that with the filing of a \$170 million defamation suit (Goldman, 1997). Sharpton, a defendant, has become involved in politics, placing third in the Democratic U.S. Senate primary and second in the recent New York Democratic mayoral primary. Maddox was suspended in 1990 from practicing law after he was charged with not cooperating with a bar association ethics committee investigating charges that he impeded justice in the Brawley matter. Mason was disbarred in 1995 from practicing law for professional misconduct, and is now a seminary student. Pagones, 36, has gone on to become an assistant New York State attorney general. Since he was a local prosecutor at the time of the allegations, he must prove in his civil case that the statements by Sharpton, Maddox, and Mason were malicious and had reckless disregard for the truth.

While such cases typically present through a law enforcement agency, they can appear in civil or government agency contexts as well. Truscott and Evans (1997) presented three case studies of false claims for workers' compensation benefits (WCB) whereby the victim alleged that a sexual assault took place at work. One of these cases involved a Type 2a event where there was a named perpetrator. In this case the victim later confessed that it was not a sexual assault but a consensual sex act. Surveillance cameras in the first case disconfirmed the victim's account of the sexual assault. The victim's arms and face were cut up with a knife and she

alleged that she was trying to defend herself from a customer who had assaulted her. In the surveillance video it is revealed that the encounter was consensual. The knife cuts were also inconsistent with the kind of attack she described. Further investigation revealed a history of childhood sexual abuse, and the victim admitted later that the act was consensual. She felt enormously guilty and did indeed self-mutilate out of guilt and self-disgust. She had called her supervisor who had made a lot of assumptions about the victim's call and presentation. This supervisor then called the police and initiated the claim to WCB. Fraud charges were not pursued as the police were convinced that she never intended to perpetrate a fraud.

### **Type 2b: FVS Multiple Events Over Time with a Known Perpetrator**

While the majority of the Type 2 cases noted in modern times have involved a single crime event, the second half of the 20<sup>th</sup> century has produced more false victim reports involving multiple crime events over time. However, in our review of the literature, we were unable to discover any accounts of multiple events over time with a known perpetrator. In these cases, following, harassing, stalking, assault, or rape form a pattern of behavior blamed on the accused, who is identified and known by the accuser. In our case history section, we present a Type 2b case example.

### **Type 3a: FVS Single Event with an Unknown Perpetrator**

In the Type 3a event, the victim reports a single event, often an assault or a rape, but does not report an identifiable assailant. Often the victim's descriptions are sufficiently vague to prevent the apprehension of an innocent person as well as discovery of the falsehood by forcing a confrontation over the veracity of the allegation with any named perpetrator.

A recent case of this type occurred in 1996 at the Galleria at Tysons II, an upscale shopping center in Virginia. A young woman in her early twenties claimed she was walking back through the parking lot in the afternoon when she was abducted at gunpoint, driven around suburban areas for several hours, sexually assaulted, taken back to the mall, and thrown out of the car. She called the police, filed a report, and gave a description. The victim witness coordinator did not feel the facts of the case and the victim's behavior added up. The victim was a woman who had recently moved to Virginia from Pakistan, was educated, and was living with two cousins. When the victim witness coordinator went to the house, the woman seemed upset, but not overly so, and the roommates did not seem upset. While she was willing to look at lineups, ID books, or anything else, her affect was subdued. She was in the same clothes and had not showered, even though she had already had the rape examination by the medical staff. There was some evidence of sexual activity including minor genital abrasions. This event was widely

reported in the media. Her mother traveled from Pakistan to be with her. The motive for this event was not money. Rather, subsequent investigation showed that she was lonely in this new country and wanted attention. She confessed to making the false allegations, which her roommates had suspected, and was charged with filing a false report but did not serve jail time (Douglas & Olshaker, 1998).

Truscott and Evans (1997) presented two case studies of false claims for WCB whereby the victim alleged that a sexual assault took place at work with an unidentifiable perpetrator. In these two cases the individuals withdrew their claims after they were confronted about inaccuracies. The first case involved a female security guard at an industrial site who claimed that an individual approached from behind, bound and gagged her, and then sexually assaulted her. Police found no physical evidence of any kind. She was unable to explain any of the details of this alleged assault. Further investigation revealed an extensive psychiatric history, primarily Borderline Personality Disorder (*DSM-IV*), with previous claims of sexual assault and numerous suicide attempts. Information revealed in counseling indicated that her brother came upon her at home, saw she was upset and crying, and she relayed the story of this alleged sexual assault at work. He initiated the complaint to the police and a claim to WCB. Later it was revealed that she had met someone on a sadomasochistic Internet chat line and had made arrangements to meet him. It was the belief of the investigators that she met the man, engaged in the sadomasochistic sexual behavior, regretted it and was distraught, but could not tell her brother what really happened. Again, fraud charges were not pursued. The second case involved a woman working as an apartment caretaker who claimed that two masked men accosted her at a new apartment building. She reported buzzing them in and they entered her apartment with masks on. One took her jewelry and the other allegedly squeezed her breasts enough to leave bruising. She went to the emergency room and there was bruising. The investigators became suspicious of her account of events and asked her to take a polygraph. She refused the polygraph and complained that she was being harassed by the police. She was later sent to counseling and refused to talk about the incident. However, this 43-year-old woman said she was afraid of her father and that he was going to kill her. The claim was denied and she did not contest it. She later filed another claim that she injured herself falling down the stairs. It was the belief of the investigators that she was being abused by a significant male in her life and was using these reports to cover up the abuse. In both of these cases the victims were psychologically very upset; thus, fraud would not necessarily be suspected. Truscott and Evans (1997) indicated that these cases suggest the importance of scrutiny of the stories, reviewing collateral data, and viewing the false victim as a distressed person rather than as a fraud.

False allegations may also occur in the context of hate crimes. Since 1990, almost 100 faked hate crimes have been noted (Levine, 1997). As faked hate crimes often involve property damage to the reporting person, some insurance industry observers view the rise in substantiated hate crimes as responsible for the apparent

increase in false reports. Dennis Jay, executive director of the Coalition Against Insurance Fraud, contends that many perpetrators are provided with the idea of filing a false hate crime report by two factors: The sympathetic media attention given to hate crimes in general and the sense of being an oppressed minority taken advantage of by the insurance system. The false report enables them to get back at the system in a more morally defensible way. As illustrated in the following examples, false allegations of hate crimes can occur in a variety of circumstances.

In August 1997, Sandra Benson and Freeman Berry, an interracial couple, were charged with 23 counts of fraud in a series of incidents eventually leading to the arson of their Jonesboro, Georgia home. The arson destroyed their home and a reported \$200,000 in computer equipment. The home and the fence around their property had been spray painted with swastikas and misspelled racial slogans. The case will be tried in 1998 (Levine, 1997).

In 1995, Pastor DeWayne Byrdsong, an African-American minister from Coralville, Iowa, filed a report that his Mercedes Benz automobile had been spray painted with racial epithets. When Mr. Byrdsong's insurance company was reluctant to pay for the damage, he took his case to the media including contacting the *Oprah Winfrey Show*, indicating the insurance company's lack of responsiveness was based in racism. However, the resulting publicity to his case produced calls from local auto body repair shops indicating that Byrdsong had obtained estimates about repainting his car before the spray painting incident occurred. Byrdsong was found guilty of making false crime reports. When asked about Mr. Byrdsong's motivation for the crime, Coralville chief of police Barry Bedford stated "My best guess is that he wanted this car repainted very badly." While Chief Bedford's analysis may be somewhat tongue-in-check, it is notable that many false allegations involve a high degree of risk of public exposure and disgrace for an often limited financial reward (Levine, 1997).

In September 1997, Angela Jackson, a law student and Chicago based seller of African-American art, was charged with attempting to defraud the United Parcel Service. Ms. Jackson alleged that UPS employees apparently opened four of her packages in transit and defaced the art works with racial slurs. Prosecutors have stated that she also shipped 27 other packages with racial slurs on UPS letterhead to civil rights leaders, in order to lend credence to her own claim. The case will be tried in 1998 (Levine, 1997).

In 1997, Al Rubin, a Miami mechanic, and his son Steven arranged to have the Hillel Community Day School (where Steven was employed) vandalized with anti-Semitic statements. Both individuals, who were subsequently convicted, hoped to get the repair contract to fix the damaged school (Levine, 1997).

### **Type 3b: Multiple Events over Time with an Unknown Perpetrator**

In the Type 3b event, the victim reports multiple crime events over time (such as stalking), but does not report knowing the identity of the alleged perpetrator.

In what may be the first documented stalking-related false victimization syndrome, Swanson, Chamelin, and Territo (1984) described a 47-year-old woman who reportedly was terrorized for a period of 4 years beginning in the late 1970s, in a series of incidents by a mysterious individual identified as "the Poet" due to the versed form of the threatening letters sent to her. Other tormenting acts she experienced were receiving a butcher knife at Christmas, having her telephone line cut, having chunks of concrete thrown at her home, and being kidnapped and stabbed in her lower back. When the woman was discovered mailing letters from "the Poet" along with her bills and normal correspondence, she admitted there was no "Poet" and that she had even stabbed herself to lend credence to her story. A psychologist working on the case speculated that an assault on the woman when she was 16 years old was the motivating force for her false reports. She had allegedly been the victim of a sexual assault at the age of 16 during which she was drugged and branded; this report may also have been false (Swanson et al., 1984; "Mystery poet," 1981).

A more recent case took place in the Pacific Northwest during the late 1980s. A college girl reportedly received telephonic death threats and would look out the window and see someone watching her from the woods. When a third party with her in the house would look outside, he or she would not see anybody. When wiretaps were put on the phone, there were no phone calls; and when the wiretaps were removed, the phone calls would begin again. While in a restaurant with her boyfriend she went to the restroom; she claimed that on her way back, she was confronted by a man who threatened to kill her and stuck a gun in her vagina. A medical exam determined that there were, in fact, tears in her vagina. The last major event involved her being abducted while on her way to the library. Consultation with profiling experts at the Behavioral Science Unit of the FBI in Quantico, Virginia, was sought. Based on their experience with victim and perpetrator behavior in sexual assault cases, it was their analysis that the allegations and events were likely to be false. However, they did encourage the next steps taken by the victim's family in order to draw the victim out. Her father went on television professing his love and begging for the release of his daughter. The victim later showed up staggering back to campus, claiming to have escaped, an event that had been predicted by the profilers. It was determined that her grades had taken a recent turn for the worse, she had become pregnant and had an abortion, and had been begging her teachers for some relief. In a sense, stable points in her life had been collapsing around her. After the investigative interview, she confessed to making the whole thing up, saying she was seeking attention and that her life and support systems were dissolving (J. Douglas, personal communication, October 1997).

Another false stalking case occurred in St. Louis in the 1980s and was known as the Red Heart case; 60 complaints were filed by a woman over a 6-month time period. She made a variety of allegations, including discovering her panties with



red hearts drawn on them in lipstick from her house, that her house had been broken into on multiple occasions, and that several blood-soaked teddy bears were left on the garage door so that they would fall on people when the door closed. She also alleged that someone moved her car from the driveway to the center of her street. These events culminated with a blood-soaked teddy bear being left in her infant's crib. The victim went to the media, holding news conferences complaining about the lack of interest by the police. During the course of the investigation, she was caught on videotape placing another teddy bear on the garage door. The motivation was originally believed to be to force her husband to change his working hours, but later it was determined that she wanted to move to a new house. By causing this constant disruption, she had hoped to make it so uncomfortable for her husband that they would move. The investigators felt that she was a risk of danger to her child, due to her apparent progression to events involving her child. The woman was sent for psychiatric care and her child was removed from her custody (R. Hazelwood, personal communication, October 1997).

A celebrity false stalking case of this sort occurred in Los Angeles in 1995 involving Cyndy Garvey, the ex-wife of professional baseball player Steve Garvey. In the aftermath of a relationship breakup with a Los Angeles area restaurateur, she reported a number of stalking incidents to the police, including that she was receiving notes and flowers and that someone had scribbled an "X" on her front door. She made desperate phone calls to the police pleading for protection and ended up at the police station with a black eye and an injured nose. Upon investigation it was determined that she had been harassing her estranged boyfriend and that a similar pattern of harassment had taken place when she separated from Steve Garvey. She eventually confessed to the police that she had made up the story that an unknown person was stalking her as a way of getting revenge on her ex-boyfriend (Siegel, 1995; B. Melekian, personal communication, November 1997; J. Butts, personal communication, November 1997). She was charged with filing false police reports.

## **FALSE VICTIMIZATION TYPES MOST LIKELY ENCOUNTERED BY LAW ENFORCEMENT**

Law enforcement agencies are most likely to encounter false victims who report a crime or series of crimes. Accordingly, three detailed case histories of Type 2b and Type 3b cases involving false allegations of stalking are presented.

### **CASE 1: FVS TYPE 2b, KNOWN PERPETRATOR**

The victim in this case was 45-year-old Caucasian female married to a financial company executive. The husband's responsibilities involved a significant

amount of time away from home due to business-related travel. Several years prior to the current series of complaints, she had an appointment with her dentist, where she was receiving regular care for an ongoing condition, when she reported that she had met a man in the elevator who made her feel uncomfortable. In the weeks that ensued, she reported being followed and receiving threatening calls and several letters from this unknown person. She reported these incidents to her husband and her dentist, and filed one police report before the events suddenly stopped.

At the time of these initial reports, the victim scheduled her ongoing appointments with this dentist so that she could be the last patient at the end of the day, and when she traveled she often sent cards to him signed, "with love." She wrote letters to him about how grateful she was for his special attention and caring and about what a special person he was. Office personnel commented that it seemed like she "had a crush on him." The dentist and others interpreted her behavior as somewhat overly friendly, but thought little else about it.

Some time later, when her husband was diagnosed with a complicated medical condition that required ongoing significant care, the victim reported that she had begun to receive strange letters that would sometimes be threatening and other times offer a warning about impending danger to her. She did not report these incidents to her husband until much later on, citing concern about his medical condition. When his condition improved, she notified him about the occurrences, and some time later a police report was filed and an investigation initiated. She began to implicate her dentist as the source of these letters, occasional gifts, and obscene phone calls. The dentist vehemently denied making these contacts and there was no evidence to support his involvement. The victim had her husband write to the dentist several times, asking him to cease the contacts and inquiring about billing issues. In these various letters they threatened several times to complain to the dentist's regulatory board, but never followed through.

The victim began to get more animated and demanding with the investigators, insisting that they interrogate the dentist and/or arrange a meeting between her and her alleged perpetrator. She enlisted her husband to increase the pressure on the investigators to handle her case. Her focus of concern was primarily on the progress of the investigation and when the investigators were "going to haul him into the station for questioning." Due to numerous concerns about the veracity of her complaints, a surveillance was set up, during which the victim was found mailing letters and packages to herself. She confessed to making the whole thing up out of her anger and hurt over the dentist's refusal of her advances and her attempt to gain her neglectful husband's attention. Charges were not filed, but the victim's social worker, who had been treating her for trauma and borderline personality disorder, was informed about the false nature of the complaints so that he could modify his treatment. Conversations with the husband and the treating social worker revealed a history of major childhood abandonments and a description

of the victim as an insecure person who was repeatedly hospitalized for nervous breakdowns, which would occur when significant others in her life went away.

### **CASE 2: FVS TYPE 3b, UNKNOWN PERPETRATOR**

The victim, a single hispanic female in her early twenties, attending an East Coast university, reported an attempted sexual assault incident to the university's department of public safety. The incident was memorialized in an internal document, but the alleged crime was not reported to the police until 2 weeks later. In her statement to the university, and later to local police, the subject stated that the suspect grabbed her from the rear, pushed her head into a door, then pulled her backward into another dormitory room across the hall. The subject then described in great detail how during the attack the suspect pawed at her clothing and body. As a reported result, she sustained scratches on her body as well as tears to both outer- and undergarments. During the investigative interview with local law enforcement, the subject described certain things in great detail, for example, "he looked at me in the eyes and smiled," but she was unable to describe the suspect's general facial features.

The subject then told police that the suspect left an envelope containing a poem, and half of her bra that was torn during the attack, underneath the door mat at her dormitory apartment. She reported that she was visiting with her boyfriend nearby, when she "got a bad feeling" and returned to her dormitory room to find the articles. The subject brought the articles with her to the police station and they were booked into evidence when she finally reported the assault that day.

The subject claimed that she recognized the voice of her assailant while walking on campus, and an initial suspect, another student, was identified. The subject could not make an eyewitness confirmation and the suspect and these incidents were investigated by sexual assault detectives, but their efforts failed to develop any further investigative leads; therefore, the case was placed in inactive status. The initial suspect was expelled from the university.

Meanwhile, the victim began reporting to family members and others in her life that she was receiving hang up phone calls, threatening calls, cards, and followings for 6 months after the initial incident. The subject was given special security considerations on campus, including a reserved parking space. These events culminated in the subject reporting to the police 6 months later that she had received a mutilated and dismembered Barbie doll, which was covered with a red substance. The doll was inside a cardboard box, which also contained a threatening letter. All of the reported behaviors, and the receipt of the Barbie doll, took place with no witnesses, other than someone hearing the phone ring and seeing the subject answer it.

Because the pattern of conduct was long term and contained elements of stalking behavior, a specialized group of detectives with expertise in threat and stalking cases assumed investigative responsibility. These detectives contacted the subject and were scheduled to meet with her to discuss the prior criminal incidents. The day before this meeting was to occur, the victim was attending a two hour evening class at the university. Because of the prior reported incidents, the university had assigned campus security officers to escort her to and from classes. Approximately 60 minutes into the lecture, the instructor decided to cancel the class and dismissed the students early. The subject then decided to go to the student lounge and listen to some music without a security escort; she alleged that upon entering she was attacked from behind and forcefully pushed into the room, which rendered her unconscious. When she awoke, she found herself lying face down tied to a desk in the room, on her stomach, with her hands bound at the wrist. Her jeans were pulled down around her ankles and her body was covered with long scratches and superficial lacerations. She was discovered by a classmate who called security. The victim was transported to a rape crisis center by a rescue ambulance and examined by a physician specializing in rape trauma. Photographs of the victim in the hospital room revealed almost a smile or smirk on her face, consistent with her seeming enjoyment of all the attention she was getting. The crime scene was secured and investigators responded to gather evidence. The incident became a local media event, and near hysteria erupted among students on campus when warning flyers were distributed.

The detectives were notified of the incident that evening and the following day they interviewed the subject at her family home. The interview was very comprehensive and chronicled the events from the first incident through the alleged rape from the night before. As the victim spoke, subtle inconsistencies began to emerge. It was evident that the stalking scenarios being offered were not consistent with known stalking behavior patterns, and clearly two different types of rapists were being portrayed. The subject's mother was a champion of rape victim's rights and reported that she had been raped many years prior. The subject's brother suffered from depression and an eating disorder.

Detectives conducted dozens of interviews with incidental witnesses, analyzed critical evidence, and consulted with other experts over the next several months. Other relevant material came forward, including allegations of physical abuse by the subject's boyfriend. The subject had begun dating another student around the time that the mysterious phone calls began, and the abuse by her boyfriend stopped while he was protecting her from the alleged stalker. In addition, the boyfriend with whom she later reconciled reported an instance of what he believed was a feigned pregnancy by the subject and that she had told him that her pierced navel was to commemorate a gang rape that she had survived in high school. It also became apparent that the subject was having a difficult time with her upcoming graduation and the social pressure to "grow up."

This information, coupled with critical forensic evidence indicating that she might have falsified the allegations of stalking and rape, resulted in several attempts to interview the subject to reconcile the inconsistencies. She canceled several times with vague reasons. Finally an interview was scheduled and attended. Detectives confronted her with the inconsistencies in her stories. After approximately 90 minutes she admitted that she had made up the allegations of attempted rape, stalking, and rape. Tearfully, she talked about hating herself, the suicide attempt that she was trying to cover up during the first incident, and her confusion over her lack of direction in life and the pressure to achieve. The subject was granted immunity on the condition that she be truthful with her family and pursue appropriate treatment. Her treating therapist, who had been treating her for several months for post-traumatic stress disorder from the rapes, was informed and there have been no further complaints. The litigation that the family had against the university was dropped.

### **CASE 3: FVS TYPE 3b, UNKNOWN PERPETRATOR**

The victim, a married Caucasian female in her late twenties, was employed as an administrative assistant in a large corporation. She reported to her supervisor that at approximately 10:20 a.m. she had entered the women's restroom and found "Mary will die" written in lipstick on the mirror. Her supervisor notified both the company's human resources and corporate security. Corporate security appropriately filed a timely police report.

Subsequent investigation revealed that the company had a large number of male and female employees on three floors of a high-rise building at this particular work site. There was one men's and one women's restroom on each floor. The entrance to the women's restroom was not observable from any of the desks or workstations in the company. Consequently, no other employees were observed who had been in the restroom immediately prior to Mary. Interviews of other female employees who had used that restroom on that morning revealed that only two known female employees had been in the restroom, and they had entered and left at the same time. These two female employees were assigned to a different work unit than Mary and stated that they did not even know who Mary was.

An interview with Mary determined that she was a 2-year employee of the company with average to below average performance ratings. Mary had been married for 3 years and did not have any children. She stated that she did not know who could have done this; she did not believe that she had any enemies. Mary stated that she had informed her husband of the incident, he was most concerned, and she requested several days' absence, which were granted. Corporate security advised Mary of the need to notify the company and law enforcement of any further suspicious events and to take reasonable personal safety precautions.

Interviews of Mary's supervisors and co-workers did not produce evidence of any disagreements or relationship problems that might be related to this incident. A review of corporate security and law enforcement records did not reveal any similar incidents within the past 2 years.

After 4 days off of work, Mary returned to her job. The investigation continued, but there were no further leads. Mary sought and obtained a referral to the company's employee assistance program and began seeing a counselor. Mary was provided with a parking space close to the building and a security officer escort to her car if she left work after dark. Mary remained distressed about the incident, visiting human resources and security representatives several times over the next week. She was assured that the company and law enforcement had done all that could be done at the present time, pending any further developments.

Three weeks after the women's restroom incident, Mary again contacted her supervisor. She was in considerable distress, and produced a single sheet of white paper with the computer-printed sentence, "I will get you." The note had been received in an intraoffice mail envelope that was unsealed. Mary's name had been printed on a computer label and affixed to the envelope. The paper was a common variety used throughout the company. The three floors of the company had numerous drop-off bins for intraoffice mail, making identification of the drop-off point impossible. Mary left work that afternoon for an emergency visit with her employee assistance counselor. Her husband left his job early and returned home to be with her after the conclusion of her counseling visit. Corporate security, law enforcement, and human resources continued the investigation, which was limited due to the lack of leads.

After another week of absence, Mary again returned to her job. Two weeks passed, and then another note appeared in the intraoffice mail. This time, all intraoffice mail addressed to Mary was being diverted by corporate security at the request of law enforcement, and the second note was discovered through this diversion process. The note said "I will come and find you" and was addressed in a manner identical to the first note. Mary once again left work. A follow-up interview with Mary's husband found him to be upset, but not able to offer any suggestions as to the origins of these communications. He did report that he was now devoting all of his free time to be with his wife. He further indicated that his wife's interests had become focused on security measures and repetitive speculation concerning who might be responsible for the communications.

Two weeks later, Mary indicated that she would not be returning to work and did not wish to have any further investigation of the incidents. In an additional follow-up interview with Mary's husband, he stated that he now realized that his wife had been under stress and had not been receiving as much attention as she needed and that he did not believe that the communications came from somebody else. The two of them had started to go to counseling together to discuss how this had all started and gotten out of hand. Accordingly, the investigations were

closed. No further communications of any kind toward Mary or any other employee were ever received.

### **FVS KNOWN AND UNKNOWN PERPETRATOR TYPES—CASE DISCUSSION**

These cases exemplify several points about Type 2b and Type 3b false victimization syndromes, as summarized in Table 2. First, in all of these cases the victims presented themselves as victims and attributed the experience to some sort of criminal activity without going through the initial denial commonly encountered. Second, these individuals presented themselves in a manner inconsistent with usual victim behavior: in Case 1 the victim requested a meeting with her supposed stalker and did not seem to be concerned about her vulnerability; in Case 2 the victim did not appear particularly traumatized; and in Case 3 the victim appeared to be having reactions beyond the realm of reactions ordinarily encountered in true victims. Third, all of these victims enlisted the support of others in a way that suggested they were deriving a significant amount of new attention and sympathy. Fourth, each of these individuals presented with significant psychological data: all three clearly evidenced a personality disorder from Cluster B of the *DSM-IV* (APA, 1994), most notably Borderline Personality Disorder, and the victim in Case 2 also self-mutilated. Fifth, all three presented historical clues, such as past lying or some victim role familiarity, having been or known a prior victim. Sixth, all of these cases show problems with the suspect's described behavior; the suspect either had a good alibi or the profile was consistent with popular culture, but not real case dynamics. In fact, these victims presented sensational and dramatic events that are nearly absent in true stalking cases. Seventh, all of the victims had motives for their false allegations including attention, sympathy, and reconciliation, and in one case revenge over rejected advances. Eighth, these cases demonstrated a reporting rhythm in which the incidents coincided with life stressors and a decline in significant other interest or involvement in their lives. Ninth, these cases lacked any forensic or medical evidence to support the allegations. Further, details in Cases 2 and 3 were notably inconsistent, the victim able to recall certain important details and not others. Tenth, each of these victims had a significant issue around abandonment, loss, and rejection, and had been behaviorally reinforced for being in the victim role. Eleventh, all of these victims likewise had a dysfunctional relationship with their significant other that appeared to be related to the ongoing events. And finally, in each of these cases, investigators intuitively sensed that something was awry prior to being able to articulate it.

These cases also support that a primary difference between the named and unnamed perpetrators is the motive and previous relationship with the identified "perpetrator"; the revenge motive is usually absent in the unnamed perpetrator

**Table 2**  
**False Victimization Syndrome Descriptors**

Descriptors	Case 1: Known perpetrator	Case 2: Unknown perpetrator	Case 3: Unknown perpetrator
1. Initial attributions	Present	Present	Present
Denial absent	✓	✓	✓
2. Victim presentation	Present	Present	Present
Trauma-free or overreact	✓	✓	✓
Vulnerability absent	✓	✓	
3. Enlistment of others	Present	Present	Present
Obvious secondary gains	✓	✓	✓
Jumping through hoops	✓	✓	✓
4. Psychological data	Present	Present	Present
Personality disorder "B"	✓	✓	✓
Personal/life crises	✓		✓
Self-mutilation		✓	
5. Historical clues	Present	Present	Present
Lying	✓	✓	✓
Victim role familiarity	✓	✓	✓
6. Suspect problems	Present	Present	Present
Popular culture profile	✓	✓	✓
Mixes profiles	✓	✓	✓
7. Motives	Present	Present	Present
Alibi/excuse		✓	
Reconciliation	✓	✓	✓
Revenge	✓		
Attention/sympathy	✓	✓	✓
8. Reporting rhythm	Present	Present	Present
Waning interest reports	✓	✓	✓
Phantom suspect reports	✓	✓	✓
Coincide with stressors	✓	✓	✓
9. Forensic—medical	Present	Present	Present
Evidence inconclusive	✓	✓	✓
Pseudocorroboration	✓	✓	✓
Detail problems	✓	✓	✓
Unbelievably lucky		✓	
10. Situational stressors	Present	Present	Present
Abandonment/loss/reject	✓	✓	✓
Developmental stress	✓	✓	✓
11. Family dynamics	Present	Present	Present
Dysfunction with significant other	✓	✓	✓
Victim reinforcement	✓	✓	✓
12. Intuition	Present	Present	Present
Gut reactions	✓	✓	✓



category. As McDowell and Hibler (1987) noted in false rape cases, a false allegation of stalking with an unidentified perpetrator enables the victim to elude detection more effectively, and may be a more useful ploy in the service of attention seeking and sympathy. A named perpetrator, on the other hand, is more of a high-risk option, since it forces a confrontation around the veracity of the allegations. While it may appear that there was an identified perpetrator in Case 2, we note that the identification of the suspect in this case was more happenstance. Such a vague description was given in this case that there should have been a failure to identify the suspect. However, as unfortunate as it may be, the victim got “carried away” trying to justify herself and an innocent person was identified.

These cases also exemplify the tremendous consequences involved. In all of these cases law enforcement, private security, or mental health resources were deployed. Negative publicity for the university and the dentist resulted from allegations, and in the case of Mary, there was much anxiety for co-workers in the corporate setting. A student’s career was adversely affected, and the dentist nearly lost his license. Once again, the importance of the impact of false allegations should not be minimized.

## **FALSE VICTIMIZATION SYNDROME DESCRIPTORS**

When suspicions arise that a stalking complaint might not be legitimate, there are at least 12 categories of descriptors that should be assessed to determine the presence of a potential false victimization syndrome. Each of these factors is discussed individually and they are presented in summary form in Table 2. This list is not exhaustive nor additive, and the complex relationship of these factors in each case may lend one factor to be more or less relevant than another.

### **INITIAL ATTRIBUTIONS**

Initial attributions pertain to the victim’s first interpretation of what is happening to her when confronted with a problematic criminal behavior. Generally most true victims, when initially confronted by stalking behavior, do not immediately conclude, “I am a victim.” More commonly there is denial and disbelief, with victims often feeling that they have somehow been responsible for the deviant behavior and making statements to themselves and others such as “this can’t be happening.” In false cases, on inquiry the victim does not go through this initial disbelief or denial and goes straight to the conclusion, “I am being stalked.”

### **VICTIM PRESENTATION**

Victim presentation refers to the kinds of behavior engaged in by the victim, and whether this behavior is consistent with typical victim behavior. With the

initial decision to come forward, it is common for true victims to receive significant prodding from supportive others to “do something about it”; while in false cases, the victim often comes forward confidently and gleefully. When coming forward and participating in law enforcement recommended intervention, the true victim is often very reluctant and ambivalent, fearing that she will exacerbate the situation or precipitate retaliation. In contrast, the false accuser expresses little ambivalence or fright, knowing that there is no one to fear. Fear and feelings of vulnerability in general are also absent, often replaced by a seeming indifference to relay concerns about the events, a matter of fact presentation of events, and engaging in behaviors without regard to security precautions. Occasionally, however, it may be just the opposite, with gross overreaction to a fairly minor report. In dramatic cases, the victim might seem to be enjoying the attention, or even engage or seek contact with the supposed stalker when there is an identified suspect. The false accuser is a lot more pushy and demanding about what she wants during the investigation and may try to control how it is done, while the true victim is much more ambivalent and unsure.

### ENLISTMENT OF OTHERS

Enlistment of others refers to the manner in which the complainant interfaces with her support system around the incident. In some cases of false victimization it is not at all uncommon to clearly see the obvious secondary gains that the victim is getting out of the allegations. Significant others are rallying all around them, doing things for them, and jumping through all kinds of hoops. If the context of the event is the work or school environment, there may be special parking places, new working hours, and other special accommodations. True victims are often embarrassed and would rather not draw too much attention to themselves.

### PSYCHOLOGICAL DATA

Psychological data refer to whether there are any mental health problems in the victim's background. We have anecdotally noted many false victims who have been diagnosed or would qualify for *DSM-IV* Cluster B personality disorders, most notably borderline and histrionic personality disorders. This makes sense since criteria for these types of disorders include manipulativeness, dramatic attempts to avoid perceived or real abandonment, intense inadequacy, and acting out. Our observations are consistent with McDowell and Hibler's (1987) observations of hysterical and borderline features in those who falsely accuse others of rape. In addition, many of our observed cases have involved individuals who present as highly insecure about family or work, have a tendency to exaggerate or draw

attention to themselves, have a history of past self-mutilation or suicide attempts and previous hospitalizations, and have had a recent significant personal or life crisis.

### **HISTORICAL CLUES**

Historical clues include information gleaned from the history of the complainant and other collateral sources that may point in the direction of a false allegation. Historical clues that may suggest a false claim of stalking include lying and manipulateness, attention-seeking behavior, telling “tall tales,” having observed others known to them go through the “real thing,” having been a victim before under similar mysterious circumstances, having a history of feigning illness or excessive medical care for dramatic illnesses, sexuality problems, or a previous attraction to and rejection by the supposed perpetrator in named perpetrator scenarios.

### **SUSPECT PROBLEMS**

Suspect problems refer to problems with the victim’s description of the suspect, often centering around the notion that the victim’s characterization of the suspect conflicts with known suspect behavior. Often false victims derive their ideas about how suspects act from the popular culture’s movies, sensational news reports, and the print media. As a consequence, there may be sharp discrepancies between how the suspect is portrayed and how real suspects actually behave. For example, it is extremely rare for there to be a mysterious unidentified stranger as portrayed in Hollywood movies; more often than not, the suspect will become known fairly quickly in an actual case. Another obvious suggestion of a false report with a named or identified suspect is when the suspect has a good alibi and there does not appear to be evidence of someone knowingly or unknowingly conspiring to help the suspect carry it off undetected. The false complainant may also mix two mutually exclusive profiles of stalkers, such as the erotomaniac and the simple obsessional, in their reporting of behavior and incidents.

### **MOTIVES**

The motives descriptor simply means that there is an obvious discernible motive for the complainant to falsify an allegation of stalking: the need for an alibi or excuse for personal behavior, such as carrying on an illicit affair and needing a story to cover up phone calls and “mysterious” and unexplainable events; the desire for reconciliation or a closer attachment to someone who has been perceived

as withdrawing or abandoning by putting them in the role of rescuer; the need for revenge against someone who has rejected them or threatens their security, such as the manufacturing of a stalking complaint at work when performance has been down; and, nearly always present, the desire for attention and sympathy.

## REPORTING RHYTHM

Reporting rhythm refers to the manner in which the victim makes the crime complaints. Suspicions of a false allegation may be supported if the reports come on the heels of a significant life or developmental stressor, or after a similar crime received major publicity. We also see a tendency for reports to be generated when it appears that law enforcement and other interest in the form of follow-up phone calls and concern might be waning. In these circumstances, the victim may in fact increase the intensity of the reported behaviors, particularly if she feels that her credibility is beginning to be questioned. It is interesting to note the “phantom suspect” reporting behavior where the victim claims that “it just happened, you just missed him,” and the events always seem to occur in that brief window of opportunity when no independent third parties are present to corroborate them.

## FORENSIC-MEDICAL

The forensic-medical descriptor refers to the fact that in most true stalking cases, there is either a clearly identified and known suspect or forensic evidence available in the form of fingerprints and handwriting to confirm the existence and identity of the suspect. In false cases this is often notably absent, and when there are injuries to the victim they are often consistent with self-mutilation. Supposed corroboration in the suspected false case needs to be closely scrutinized since such corroboration often fails to truly corroborate the event. We call this “pseudocorroboration.” For example, the victim who receives telephone calls while her boyfriend is present and says, “he heard the phone ring”; however, at no point did he actually listen in on the call. Further, some of the behaviors that false victims engage in to corroborate their claims can be quite creative, including asking a stranger at an airport to mail a letter from his destination so that it will have an out-of-state postmark, or asking a fellow shopper at the supermarket to take a picture of the victim in the supermarket to create supposed surveillance photos.

In addition, details of the event may be remarkably inconsistent and ambiguous. For example, the victim reports that she is being followed and states, “it was a blue Dodge Intrepid, with a dent in the front bumper, but I can’t recall any of the license” or “he smiled at me and had Nike Air Jordans but I can’t recall his face.” If the victim is attacked, often times she seems “amazingly lucky” and the

physical injuries look worse than they actually are. If investigators are saying it is amazing and unbelievable, perhaps it is.

## **SITUATIONAL STRESSORS**

Stressors associated with the creation of false stalking claims include those that center around abandonment, loss, or rejection; developmental stress around the individual moving from one life stage to the next and unconsciously wanting to maintain a more dependent life stage; and relationship problems, especially having an affair or recently being sent to the family “doghouse.” These types of stressors may serve as triggers for the false accuser who uses the events as a way of coping with these various life dilemmas and avoiding or resolving conflicts.

## **FAMILY DYNAMICS**

Current family dynamics may likewise indicate a context that precipitates the victim to file a false report or series of reports. The dynamics we have observed in a number of cases include relationship problems with the victim’s significant other, abuse and/or pressure within the family constellation that is lessened or mitigated by the events, and strong reinforcement within the family for being in the victim role.

## **INTUITION**

Tenured investigators with extensive experience in victim and suspect interviews develop over time an ability to sense when things just do not seem right. These kinds of “hunches or gut instincts” can compel an investigator to look more closely at cases in a linear, systematic fashion, and should not be discounted.

## **INTERVENTION SUGGESTIONS**

The first step is to thoroughly and exhaustively gather data to rule out the possibility that the case is, in fact, a legitimate stalking case. This data gathering frequently includes forensic and medical tests, handwriting analysis, surveillance, and comprehensive interviews with the complainant, as well as any other potential data sources. Consultation with stalking case experts, including mental health consultants, can also be helpful.

Proactive techniques might also draw the person out. For example, investigators have told suspected false claimants what their expectations are about the next perpetrator behaviors, such as "right about now, I would expect that he'll start to involve himself by calling us"; in one case this was followed by a series of hang up calls to the investigator (J. Dunn, personal communication, October 1997). Other implausible suggestions may be offered as "real" behaviors to expect. Amazingly, as with Charcot's induction of paralysis in hysterics, the false claimants will then engineer the behavior to support their claim. Each of these demonstrated suggestions become data points to refute the veracity of the claims during the confrontation.

Once the investigators are strongly convinced that the allegations are false, an interview should be arranged with the victim to gently confront and hopefully gain a confession regarding the false claims. It is our experience that a beneficial approach is to clearly state that the "events did not occur as you told us" and then allow a face saving exit for the victim by portraying the falsehood sympathetically as a "cry for help." We have found the most effective interrogation and interviewing techniques utilize this firm but sympathetic, nonjudgmental, and supportive approach. McDowell and Hibler (1987), in their discussion of interview approaches with rape false accusation cases, advocated using someone other than the primary investigator for the confrontation, in order to act as a buffer and preserve the ability of the primary investigator to maintain rapport.

It should be determined beforehand whether charges of perjury or filing a false police report are going to be pursued. It is rare for most of these cases to be charged criminally, and if this decision is known prior to the confrontational interview, this becomes a potential bargaining chip with the victim.

Mental health intervention is a more common outcome. The investigator who gets a confession from the victim may be well served by following up to ensure or even strongly insist that the victim pursue mental health assistance as an alternative to prosecution. The investigator may also gain permission from the victim to contact any current or future treating therapist to relay accurate information, thus ensuring appropriate follow-up and treatment. Similar communications may be facilitated with significant others. This may also remove some of the stigma and pressure on the person from having to face others lied to, thereby facilitating some modification in dysfunctional relationship patterns.

## **SUGGESTIONS FOR FURTHER RESEARCH AND INVESTIGATION**

We believe that further research and statistical tracking of the prevalence of these syndromes is indicated. We recommend that the descriptors that we have hypothesized be further examined to determine their usefulness in discriminating

between real cases and false cases. In-depth psychological assessments of those who make these kinds of false allegations would also be useful to shed some additional light on the dynamics of these individuals.

We have attempted to provide a thorough review of the unique and interesting topic of false victimization syndromes. We have organized these phenomena into a useful typology, and have shared information regarding case dynamics and descriptors for stalking-related false victimization syndromes. We hope that our contribution will stimulate interest, further exploration, and continued discussion. While occasionally a person does cry wolf, we still must initially treat every situation as if there really is a wolf.

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